

**CANNERY LICENSE APPLICATION**

**INSTRUCTIONS:** A separate application is required for each place of business. Please complete and/or amend this application as appropriate.

The fee for each **renewal** application in the sum indicated below is payable to the **STATE DEPARTMENT OF HEALTH SERVICES** and must accompany this application. Unsigned or incomplete applications cannot be processed. Please submit original application with license fee to:

California Department of Health Services  
Food and Drug Branch  
P.O. Box 942832  
Sacramento, CA 94234-0006  
(916) 445-2263

**OFFICE USE**

Processed Food  
Registration Status

Program: Cannery Inspection      License number: \_\_\_\_\_      License fee: \$170.01      Expiration date: June 30, 2002

Name of firm		Type of license application <input type="checkbox"/> Renewal <input type="checkbox"/> New	
DBA(s) (if appropriate)			
Place of manufacture—address (number, street)	City	State	ZIP code
Person responsible at place of manufacture		Daytime telephone number (      )	
Correspondence address (if different) (number, street)	City	State	ZIP code
Person responsible for all correspondence		Telephone number (      )	
Name of owner or corporate officer	Title		
Name of owner or corporate officer	Title		
If subsidiary, name of parent company			
Address of parent company (number, street)	City	State	ZIP code
Type of products canned under state inspection (mark all that apply) <input type="checkbox"/> Animal food <input type="checkbox"/> Fish <input type="checkbox"/> Olives <input type="checkbox"/> Miscellaneous vegetables and specialties (describe)			
Type of retort equipment (check all that apply) <input type="checkbox"/> Still retorts <input type="checkbox"/> Continuous cookers <input type="checkbox"/> Hydrostatic units <input type="checkbox"/> Aseptic units <input type="checkbox"/> pH control products <input type="checkbox"/> Others (describe) _____			

The undersigned is aware of the provisions of Section 2700 of the Labor Code, which requires every employer to be insured against liability for workmen compensation. The name of my carrier is:

The Food and Drug Branch **MUST BE NOTIFIED** immediately of any change in the above information as provided by California Health and Safety Code Section 112750. By signature, the applicant affirms that all information provided is true and correct.

Signature of applicant		Date
Name (please print)	Title	